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ANNUAL REPORT

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OF THE

Medical Officer of Health

FOR THE YEAR 1925.

GRAYS URBAN DISTRICT COUNCIL.

GRAYS:
Wilson and Whitworth Ltd., High Street.
1926.

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"I said that we were still poor savages, living only in the bleak dawn of civilization and that we suffered because we were under-bred, under-trained and darkly ignorant of ourselves, that the mere fact that we knew our own unhappiness was the promise of better things and that a day would come when charity and understanding would light the world so that men and women would no longer hurt themselves and one another as they were doing now everywhere, universally in law and in restriction and in jealousy and in hate, all round and about the earth."

H. G. Wells.

PUBLIC HEALTH DEPARTMENT,

GRAYS.,

March, 1926.

To the Chairman and Members of the Grays Urban District Council.

LADIES AND GENTLEMEN,

I have the honour to submit to you my first Annual Report for the year 1925.

This report, as you are aware, is of wider and fuller scope than usual, according to the requirements of the Ministry of Health, and covers the period

1921—1925.

The greater part of the period under review was completed whilst your late Medical Officer of Health, Dr. W. Burton Wood, held office.

It is to Dr. Burton Wood that I must tender my thanks for his assistance to me, not only in the compilation of this report, but also in the handing over of the working of the Department.

This assistance, as you will realise, has been of inestimable value.

The town of Grays Thurrock is a rapidly growing, thriving industrial area; the population of the town is increasing at a considerable rate, and I hope that in the years to come the Public Health Department will continue to serve the needs of the area in the way in which it has served them in the past.

I have the honour to be,

Ladies and Gentlemen,

Your obedient Servant,

W. T. G. BOUL,

Medical Officer of Health.

PUBLIC HEALTH OFFICES,
GRAYS.
January 14th, 1926.

To the Chairman and Members of the Grays Urban District Council.

LADIES AND GENTLEMEN,

In the presentation of the last Report, I should like to express my warm appreciation of the courtesy and consideration shown to me by the members of the Council during the term of office now ended. I have also to express my indebtedness to the members of the Public Health Staff for their loyal assistance, and to the Officers of the Council in other departments for help very readily given whenever I have had occasion to seek it.

I should like also to record my appreciation of the support of the local Medical Practitioners, who have shown themselves most ready to co-operate in the work of the Public Health Department at all times, and from whom I have received much valued help.

I have the honour to be,

Ladies and Gentlemen,

Your obedient Servant,

W. BURTON WOOD.

INTRODUCTION.

The last afternoon of the final School Inspection of 1925 was spent in the Infants' Department of one of the principal elementary schools in Grays. The children summoned to the inspection came from some of the best homes in the town. Clean, well dressed, well cared for, they formed a charming group. Most were still young enough to have retained the extreme gravity that belongs to earliest childhood before the wonder of existence has been dimmed by familiarity, the expression of penetrating frankness, not mistrustful in any unworthy sense, but questioning, that belongs to life's dawn.

As one by one the children came forward for examination the first impression of charm gave place to others by no means so pleasing. In almost every child some physical defect was noticeable. In some ill-developed chests gave evidence of Rickets, in others obstructed breathing and heavy appearance suggested Adenoids, swollen glands betrayed diseased tonsils, teeth broken and decayed betrayed wrong feeding, sallow faces suggested indulgence due to mistaken kindness or over-anxious care on the part of the parents. The Inspector tabulating the long series of defects almost despaired of finding a really healthy child as his survey drew towards an end and only a dozen children remained to be seen. These had been kept waiting because they had no parents to bring them forward. They proved to be orphans, children of the State, and yet it was among these that at last healthy childhood was found. Here at last were children robust, clear-eyed, firm of flesh, with sturdy limbs and bright complexions, and red lips parting to reveal little ivory teeth set in well-moulded jaws.

The builders of Ideal Republics, from Plato of Athens to Lenin of Moscow, have looked somewhat askance at the home and dreamed of a society in which the rearing of children should be entrusted to the State alone. A Communist might have found support for his theories in the last School Inspection of 1925, but democracy is an experiment, in the light of history a bold one, and the issue of the experiment is still in doubt. In a democratic community the welfare of the people cannot depend on the enforcement of certain rules by the State, even when these are the rules of health. It must depend upon the willing co-operation of the people with the State in so ordering public and private life that the causes of disease are abolished.

Though as yet we are "darkly ignorant of ourselves" and subject to many diseases of body and mind of whose origin we know little and which we are powerless to prevent, the knowledge we possess, rightly applied, could abolish much of the sickness, the disability, the chronic ill-health, that makes life a burden to thousands.

The task of a Public Health Authority is two-fold. First, by wise administration to make the best of things as they are;

and secondly, by means of a carefully devised scheme of education to prepare for the things that shall be. That education must begin in the home, must continue in the schools, and must extend to every department of public life. Ignorance and indulgence leading to disease and misery, knowledge and discipline leading to health and happiness, these are the alternatives that must be set before the people. The final choice must be left with the individual, but it is the duty of the Health Authority to make plain the choice and to point the better way. Thus shall wisdom be justified of her children.

To the dying gaze of the first and greatest of Sanitarians there was presented a distant view of a land flowing with milk and honey. The health worker of to-day, discouraged at times by the slow progress that rewards his striving, and daunted by the forces that oppose or the inertia that thwarts his efforts, may take heart from the old story that tells how the long and toilsome way through the desert led at last to the promised land.

NATURAL AND SOCIAL CONDITIONS OF THE AREA.

Area: 1,382 acres.
Population: 17,364 (Census 1921).
18,320 (estimated 1925).

Grays is situated on the northern bank of the Thames, opposite but somewhat to the west of the ancient port of Gravesend. Inland the river flats, formed of alluvial mud, rise to give place to grass-covered plains, based on chalk, the quarrying of which for the manufacture of cement forms one of the local industries. To the north-east a new extension of the town, known as the Lodge Estate, is built on gravel, and here the foundations are 80 feet above sea level. The older parts of the town are built on Thames-side mud, and houses with damp walls and sodden foundations bear witness to the unsuitability of such a district as a building site.

Though the locality is damp in the autumn and winter on account of its proximity to the river and marshes, which are often veiled in mists, the rainfall is by no means heavy, the average for the last ten years being 25·82 inches, and the climate is mild, equable and healthy.

Number of Inhabited Houses: 3,428 (1921).
Number of Families of separate Occupiers: 4,181.
Rateable Value: £84,701.
Sum represented by a Penny Rate: £340.

Social Conditions.

Grays is the home of an industrial community, and manual workers form the predominant class.

The occupations of the inhabitants may be briefly summarised as follows:—

(a) Workers in local industries (e.g., Margarine Works, Paper Mills, Cement Factories):
(b) Dock Workers:
(c) Seamen:
(d) Tradesmen:
(e) Clerical and Professional:

There is no evidence that any particular occupations exercise a deleterious influence on the public health. The air is seriously polluted with dust from the cement works, and I am inclined to think that certain cases of Asthma which have come under my observation may have been due to this cause. The cases have been too few, however, to provide material for any definite conclusions.

Births.

There were 324 births registered in the district during the year. Males 170; Females 154.

323 Notifications of Births have been received during this period. This includes 12 Still-births.

	Total.	Males.	Females.
Births ...	324	170	154
Illegitimate Births	4	1	3

There have been no deaths among these illegitimate children during the year. The Illegitimate Infantile Mortality Rate is therefore Nil.

This, of course, shows the fallacy of working with small numbers, it being well established that infantile deaths are approximately twice as numerous among illegitimate children as among children born in wedlock.

Birth Rate ... ... 17·6
Average for England and Wales ... ... 18·3

Births, 1921—1925.

Year.	Population.	Births.	Birth Rate.
1921	... 17,600	415	23·8
1922-3	... 17,830	395	22·6
1924	... 18,150	349	18·6
1925	... **18,320**	**324**	**17·6**

The Birth Rate continues to fall, as in former years. Many causes have been held to account for these figures, but I am convinced that the most important factor is the deliberate avoidance of child bearing.

It is not the decrease alone that is alarming, but the apportionment of the decrease. The number of births is tending to decrease among the healthiest, the most successful and the best educated sections of the population.

Number of women dying in or in consequence of childbirth ... ... Nil.

Infantile Mortality.

The total number of infants dying under 1 year of age was 21.

Infantile Mortality Rate (Deaths under 1 year per 1,000 Births ... ... 64·8

Infantile Mortality Rate, 1921-1925.

Year.	Deaths under 1 year.	Rate per 1,000.
1921	... 24	60·0
1922-3	... 21	55·6
1924	... 16	48·7
1925	... 21	64·8

The provisional Infantile Mortality Rate for England and Wales is given as 75.

It can be seen, therefore, that in the district, although higher than last year, is still well below the average for the whole Country.

Analysis of Monthly Age at Death.

Under 1 month.	1-3 mths.	3-6 mths.	6-12 mths.	Total.
16	1	1	3	21

If the Mortality Rate be calculated for each month of the first year of life as above it will be seen that by far the greater number of deaths occur within the first month of life. Does not this suggest to us the need for still greater efforts with regard to Ante-Natal Hygiene, including Education of the Mother and Expectant Mother.

Deaths.

During the year 169 deaths occurred in the district (after correction).

Death Rate	9·5
Average for England and Wales ...	...12·2

POOR LAW RELIEF.

1. Amount of Outdoor Relief granted during 1925: £6,934 12s. 0d.

2. Number of Admissions to Orsett Infirmary during 1925: Males 62, Females 29, Children 13.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

(1) Tuberculosis.

The County Council maintains a Sanitorium for men at Harold Court, which provides treatment for advanced cases and acts as a clearing station for patients in whom the prognosis is more hopeful and who are transferred, after a period of observation at Harold Court, to other Institutions on the South Coast and elsewhere. Other Sanitoria for adults and children are provided at Ilford, Colchester, Chingford, Black Notley, Sible Hedingham and High Beech.

(2) Maternity.

There is at present no provision for the special treatment of maternity cases. Plans for future development in Maternity and Child Welfare work might well include the foundation of a Maternity Home. The desire of a mother to be confined in her own house, amid familiar surroundings and in close touch with her own relatives, is usually strong and is entirely natural. Nevertheless, the average house is unsuited to the needs of a properly conducted accouchement. The conditions that prevail in many of our poorer homes make it desirable that better provision should be made for the supremely important event of child birth. Prejudices can be removed by education and by the exhibition of tact and consideration. Perhaps some day a birth will be recognised as more important than a death, an entrance into life as a fitter occasion for lavish expenditure than an exit from it, and a bier as less sacred than a cradle.

(3) Children.

There is no Children's Hospital in the district.

(4) Fever.

The needs of Grays are well supplied by the excellent Isolation Hospital of the Orsett Joint Board, situated in the open country about 2 miles from the centre of the town.

The Hospital contains 89 beds. An extension of 10 further beds will be opened this year.

(5) **Small Pox.**

A Small Pox Hospital (22 beds) forms part of the establishment of the Joint Hospital Board. It has not been necessary to open it for Grays patients during the last five years, but should need arise the provision for cases of this disease will be found adequate.

(6) **Other Hospitals.**

The branch of the Seaman's Hospital, at Tilbury, which has been enlarged recently and largely rebuilt, is available for the use of Grays patients. The Hospital is now admirably equipped and in all respects worthy of the parent Institution. The Grays U.D.C. makes an annual grant of £52 10s. 0d. to the Hospital.

AMBULANCE FACILITIES.

(a) **Infectious Cases.**

A Motor Ambulance is kept at the Isolation Hospital, and is immediately available, day or night, on application to the Health Department.

(b) **For Accidents and Non-Infectious Cases.**

The Order of St. John provide two Motor Ambulances for accidents and non-infectious cases.

Hand Ambulances are available at various places in the district.

THE SCHOOL CLINICS.

The modern child is in no danger of suffering from lack of examination, but one who has been called upon to spend no small part of his time in the physical examination of school children may be pardoned for wondering whether the end may not be lost sight of in the means.

My experience in the Schools and Clinics has led to the conviction that if less time and less money were devoted to inspection, and the time and money so saved were devoted to treatment, a wise economy would be effected, and that the public health would be improved beyond calculation.

In considering this all-important subject of the health of our children, two questions are to be considered: (i.) In what way is the health of the children unsatisfactory? and (ii.) How can the health of the children be improved?

(i) Medical Inspections have revealed that a large proportion of the children in the elementary schools is subject to the influence of certain crippling defects, most of which are remediable. These may be summarised as follows:—

(a) Decayed teeth and septic conditions of the mouth.
(b) Diseased tonsils and Adenoid growths of the naso-pharynx.
(c) Chronic suppurative disease of the ears.
(d) Defective eyesight and chronic inflammatory disease of the eyelids.
(e) Orthopaedic defects.
(f) Rheumatism, with resulting valvular disease of the heart.

There remains for consideration a group of children who, though they do not exhibit the stigmata of disease, are manifestly below the average in weight and usually also in physique and mental alertness.

I propose to refer briefly to each of the above conditions.

(a) The School Dental Clinic has been at work for many years, but during the last five years comparatively little advance has been made. Attention has been called on many occasions to the urgent need of extending and improving the work of the Clinic. There is no more fruitful field for work in the interest of pubilc health than this. School dental inspections should be re-established, and a vigorous campaign should be inaugurated to stimulate the public conscience on this subject. We cannot insist too strongly on the vast amount of needless pain and suffering inflicted on helpless children by our neglect to remedy one of the most frequent sources of impaired health.

(b) Parents are now well aware of the mischief caused by unhealthy conditions of the throat and obstructions to breathing by Adenoids. During the last year a scheme was approved for the treatment of enlarged tonsils and adenoids at

the Tilbury Hospital. The arrangements are satisfactory, though at present only special cases can be provided with beds after operation. Usually the children return home by ambulance, under the charge of a Nurse. The operations have been skilfully performed and the results should be excellent. Unfortunately, even with the aid of a grant from the Education Authority, it is still necessary to charge a fee of half a guinea for each child. Many parents find this charge difficult to meet, and a larger grant from the public purse would, in my opinion, be more economical than to wait till the inevitable results of naso-pharyngeal disease lead to chronic disability and economic losses.

(c) Chronic infection of the ears, leading to partial or complete deafness, is still a common disability of school life. Proper attention to this condition would necessitate frequent attendance at the School Clinic, and though many children do attend, sufficient time is not available for the thorough treatment that alone can promise success in dealing with one of the most intractable and dangerous of children's ailments.

(d) The Eye Clinic is well attended. Children suffering from Myopia are kept well under supervision, but there is no provision for the special education of Myopes.

(e) Rheumatic infection in children, though a matter for grave concern, cannot be dealt with here. Children suffering from Rheumatic pains, even if these are only mild in degree, should not attend school. It is impossible to forecast the onset of such pains, and a mother who very properly keeps a child at home on account of "growing pains" is apt to be worried by the Attendance Officer. A list of children known to be prone to Rheumatism or Chorea should be kept in each school, and a formal Medical Certificate should not be required for every occasion of non-attendance. Malingering need cause no difficulty, for a child kept at home on account of Rheumatism should be resting in bed. A Rheumatic child who is found to be acting as a mother's help or hindrance should be subjected to the utmost rigour of the law.

(f) In the Autumn of 1925 the first Orthopaedic Clinic was held at Grays under Mr. Whitchurch Howell. A scheme for the treatment of children requiring operation or special

instruments is working satisfactorily. Plans for equipping the Welfare Centre in the Park as a centre for remedial treatment are also under consideration.

The cleanliness of the school children in this, as in other districts, continues to improve. It is rare now to find a flea-bitten child, but evidence of the continued existence of the head louse, as shown by the number of children, both boys and girls, exhibiting nits, is all too common. We shall have to learn to speak bluntly if we are to stamp out this plague. A child with a few nits, even though person and clothes are clean, if a verminous child, and should be treated as such. At the present time the opinion that "a few nits don't matter" is widely held. Many people do not seem able to grasp the simple fact that from the point of view of the Pediculus the nit is the legacy of the past and the promise of the future.

Malnutrition.

The common idea that malnutrition implies an insufficient diet is not supported by facts. Despite prevalent poverty and unemployment, it is rare to find a child who is thin on account of insufficient food. The cause of under-nourishment in school children may be summarised as follows :—

(i.) Unsuitable diet, usually one in which there is an excess of starch and sugar.

(ii.) The defects enumerated above, particularly those affecting the nose and throat.

(iii.) Tuberculous taint, i.e., children who have been infected with tubercle but who do not exhibit signs of organic disease.

(iv.) Constitutional. Some children remain thin despite dauntless appetites abundantly satisfied at the home table, to say nothing of unconsidered trifles picked up at odd intervals during the day. Many boys of this type have a capacity for sustained feeding that is the despair of their mothers and the admiration of their schoolmates.

Delicate Children.

The failure to obtain an Open-air School in Grays must be recorded as the chief disappointment encountered in the last five years. The demand for an Open-air School is sometimes met with the statement that all schools should be open-air schools. No doubt some day they will be, but meanwhile many of our schools are old, some are decrepit, and most have attained a respectable middle-age. If we are to wait till new schools are built on open-air principles we shall have to wait in Grays Cemetery. Meanwhile there are hundreds of children in our locality who would benefit from the supervision, rest, fresh air and carefully graded work of a special school. The gardening annexe to the East Thurrock Council School, which at my last visit was dedicated to hibernating potatoes, could be adapted to the purposes of an Open-air School at comparatively small cost. Among those who have urged the adoption of this scheme are the Urban District Councils of Grays and Tilbury, while support has also been given by the District Tuberculosis Sub-Committee.

A declining birth-rate may be regarded with equanimity by the disciples of Malthus and Stopes, and with concern by those to whom the doctrines of birth-control are anathema, but there can be no question that if we are to decline in quantity we must insist on quality, otherwise a falling birth-rate spells race suicide.

PUBLIC HEALTH DEPARTMENT.

STAFF.

Medical Officer of Health:

W. BURTON WOOD,
M.A., M.D., B.Ch., D.P.H. (Cantab), M.R.C.P. (London).
(Resigned October, 1925.)

W. T. G. BOUL,
M.D., Ch.B. (Vict.), D.P.H.
(Appointed December, 1925.)

The Medical Officer of Health is also Medical Officer of Health to the Urban District Council of Tilbury, and Assistant County Medical Officer for these districts, acting as School Medical Inspector and District Tuberculosis Officer.

Sanitary Inspector:

A. H. PLUMB,
A.R.S.I., Certificate as Inspector of Meat and other foods.
Rats Officer.

Health Visitors:

E. L. BUTTON,
General Training.

E. H. MOORMAN,
General Training.
Queen Alexandra's Imperial Military Nursing Reserve
(Retired).

Administration.

The retirement of Dr. Ward, in 1921, deprived the district of a wise and genial Medical Practitioner and the town of a much esteemed Medical Officer of Health. His resignation raised a problem of considerable importance. The extension of public health work, the growth of a civic conscience, the probability that Grays would become an important centre in a developing industrial area, suggested that the work of the Public Health Department demanded more in thought and effort than a general practitioner could be expected to give, even if the services of one possessing the necessary qualifications were available. On the other hand, a town whose population was less than 20,000 did not require the whole-time

services of a Medical Officer of Health. Under these circumstances the Council decided to invite the local Assistant County Medical Officer in charge of the Tuberculosis and School work of an area roughly corresponding to the Orsett Hundred to act as temporary Medical Officer of Health. This Officer being already part-time M.O.H. for the adjacent U.D. of Tilbury thus came to shoulder a triple responsibility in August 1921.

It is written that no man can serve two masters. The Medical Officer who finds himself instructed to serve three might sympathise with the chameleon who perished miserably in a vain attempt to harmonise his integument with a background of Scotch plaid. It is obviously difficult for any man to divide his time and share his interest equitably between the claims of three public bodies. Nevertheless, the decision of the Council that their medical adviser should be a man free from the pressure of local interests, and one specially qualified for public health work, was, in my opinion, a wise one.

The Combined Medical Service, with its unity of control over closely allied departments of public health, whether these are under the direction of the County or Local Authority, is probably the best method devised for serving the needs of local districts. In large urban districts, however, the combined Medical Service should be regarded rather as a temporary expedient.

If I may judge from my own experience—and I am aware that there are many points of view to be considered of which that of the Health Authority is only one—a satisfactory method of public health administration will only be found when the union of several small areas results in the formation of one area sufficiently large to justify the appointment of a whole-time Medical Staff, charged with the duty of safeguarding the health, not only of the infants at the Welfare Centre, but also of the children in the Schools, of the tuberculous as well as of the victims of epidemic disease. To take one problem by way of example, that of Tuberculosis is no doubt the concern of the County, but it is perhaps even more urgently that of the locality in which it occurs.

It is, however, necessary to take one step at a time, and while awaiting developments that are not likely to arise to-day

or to-morrow, I am satisfied that the present Combined Medical Service is workable, and, under present conditions, best suited to local needs.

A Combined Nursing Service, the logical outcome of a Combined Medical Service, was adopted in 1923. I have no hesitation in stating that Grays has profited by this change which, while enabling the services of Nurse Button to be retained, added Nurse Moorman to the Staff of the Council.

Before leaving the subject of administration I should like to call attention to the inadequacy of the present arrangements for office work in the Health Department. The room allocated to the Sanitary Inspector, a gloomy office whose window commands an obscure prospect of grey brick walls situated at the back of an ancient building is not calculated to impress the visitor with the importance of his work, or the recalcitrant purveyor of doubtful foodstuffs with respect due to the representative of the Public Health Authority. The consulting room of the Tuberculosis Dispensary, situated in another part of the town, is used as the office of the Medical Officer of Health. The disadvantages of such an arrangement are obvious. The most convenient and economical plan would be to house the various departments of the Combined Medical Service in a single building. The rooms required for School Clinics, Tuberculosis Dispensary and Public Health Offices would thus be under one roof. Such a building should be centrally situated and easy of access, though preferably a little removed from the main traffic routes. Its decoration, furnishing and fittings should express the order, cleanliness and beauty without which health, whether public or personal, cannot be attained.

Professional Nursing in the Home.

There are at present no arrangements for professional nursing in the home. The Tuberculosis Nurse in the course of her home visits has given demonstrations of such nursing in individual cases. Courses of instruction in the art of sick nursing should be given at the Welfare Centre.

Midwives.

These are under the supervision of the County Council; the Medical Officer of Health or his Assistant acting as the local Inspectors of Midwives under the County scheme.

There are 5 registered Midwives working in Grays.

Chemical Work.

Samples requiring chemical analysis are dealt with by the Counties Public Health Laboratories, London, E.C.4.

LEGISLATION IN FORCE.

Sanitary Administration. Adoptive Acts, Bye-laws and Regulations relative to Public Health in Force in the District:

P.H. Act (A.A.), 1890. Parts 2, 3, 4 and 5.
Adopted 1st January, 1891.
I.D. (Notification) Act, 1889.
Adopted 9th October, 1890.
I.D. (Prevention) Act, 1890.
Adopted 1st January, 1891.
P.H. Acts (Amendment) Act, 1907.
Part 2, other than Sec. 26.
Part 3, other than Sec. 50.
Part 4, Sections 52, 54, 55, 56, 58, 59, 60, 61, 62, 62, 64, 65 and 66.
Part 6.
Part 10, Section 93.
Adopted 1908.

Bye-laws and Regulations.

Slaughter Houses. June 23rd, 1887.
Common Lodging Houses. June 23rd, 1887.
Nuisances. June 23rd, 1887.
Nuisances. September 22nd, 1892.
Dairies, Cowsheds and Milkshops. July 13th, 1889.
Additional Cowsheds and Milkshops. May 11th, 1905.
Tents, Vans and Sheds. December 22nd 1910.
New Streets and Buildings. July 30th, 1896.
New Streets and Buildings. November 21st, 1913.

EDUCATIONAL WORK.

During the last three years a series of health talks has been given to the mothers at the Welfare Centre. Public Health Lectures, illustrated by lantern and cinematograph pictures, have been given on Venereal Disease, Tuberculosis and other subjects to children and adults. Health Week in 1925 was celebrated by the holding of a demonstration of Home Hygiene at the Welfare Centre, a display of Physical Culture and a public Lantern Lecture. The book of Science should no longer be chained to a desk in a building visited only by a few, and it is satisfactory to record that substantial, if slow, progress has been made in educational work.

SANITARY CIRCUMSTANCES OF THE AREA.

Water.

The water supply for the district is from the South Essex Water Company. The supply is a constant one, but is somewhat hard.

There is only one well in the district, connected with the private plant of a large house.

Rivers and Streams.

Apart from the River Thames, upon the North bank of which the town of Grays stands, there are no rivers within the area.

Drainage and Sewerage.

The greater part of the district is efficiently served, with the exception of the Lodge Estate, mentioned below.

Eleven isolated houses are without drains—a decrease of 4 from the figures given last year.

The sewage is dealt with by the Thurrock, Grays and Tilbury Joint Sewerage Board. The Works Manager has kindly supplied me with the following figures which I have compared with those for the year 1924:

	1924.	1925.
Total volume of Sewage pumped ...	347,787,000 galls.	361,167,000 galls.
Average volume per day pumped ...	952,841 galls.	898,498 galls.
Total Rainfall for the period	28·62 inches.	24·13 inches.
Average time Pump worked daily ...	19 hrs. 37 mins.	19 hrs. 37 mins.

Despite a decrease of 4 inches in the Rainfall, therefore, the amount of sewage pumped has increased by approximately 14,000,000 gallons.

Closet Accommodation.

All the houses in the district, with the exception of 4, are supplied with W.C.'s. These are four privy middens in cottages near the River, and it is hoped that these may be abolished during the coming year.

There are six pail closets in connection with local works.

Lodge Estate.

The new extension of the town, on the Lodge Estate, comprising some 100 houses privately built, is not yet connected with the town drainage system. Your late Medical Officer of Health laid stress upon this point in his Annual Report for 1924. I must again point out how very undesirable a system of cesspools may be in a rapidly growing district, and am glad to hear that the Council are considering this very urgent matter at the present time.

Scavenging.

The arrangements for the cleansing of the town are performed by horse-drawn vehicles. At the present time the Council are very wisely considering the adoption of motor vehicles for the work. I have had previous experience of a change of this nature and cannot recommend it too strongly. Not only does a great saving of time and labour occur, but the method is more hygienic in that refuse is not slowly drawn about the streets at all hours of the day. The importance of impressing upon workmen the need of keeping such carts covered cannot be mentioned too often.

CAUSES OF AND AGES OF DEATHS DURING THE YEAR 1925.

Nett Deaths at subjoined Ages of "Residents" whether occurring within or without the district.

CAUSES OF DEATH.	All Ages.	Under 1 year.	1 and under 2 years.	2 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and upwards.
All Causes		21	5	8	5	5	19	49	57
Measles	1		1						
Scarlatina	1			1					
Whooping Cough ...	3	2		1					
Diphtheria	3			1	2				
Influenza	1						1		
Tuberculosis Respiratory System	13				1	4	4	3	1
Other Tuberculous Diseases	1			1					
Cancer	18						1	8	9
Cerebral Hæmorrhage	7							4	3
Heart Disease ...	17							10	7
Arterio Sclerosis ...	2							2	
Bronchitis	9						1	2	6
Pneumonia, all forms	11	3	1		1			2	4
Other Respiratory Diseases	5			1				4	
Ulcer of Stomach ...	1							1	
Diarrhœa (under 2 yrs.)	1		1						
Cirrhosis	1								1
Acute and Chronic Nephritis	6						4	2	
Congenital Debility and Malformation, Premature Birth ...	14	14							
Suicide	2						1	1	
Other Deaths from Violence	9			2		1	3	2	1
Other Defined Diseases	41	2	2		1		3	8	25
Causes ill defined or unknown	2			1			1		

CLINICS AND TREATMENT CENTRES.

Department	Address.	Hours of Attendance.	Remarks.
Maternity and Child Welfare	The Park	**Health Visitor,** Daily, 9.30 to 10 a.m. Saturdays, 10 a.m. to 1 p.m. **Medical Officer.** 1st, 2nd and last Tuesdays in each month.	The Health Visitor holds a meeting for mothers each Thursday at 2.30 p.m. in the Centre. The M.O.H. gives frequent lectures to mothers on Thursday afternoons.
School Clinic:	Education Offices, Quarry Hill		
Minor Ailments Inspection Clinic	,,	Daily, 9.30 a.m.	The School Clinic is provided by the Essex C.C., the M.O.H. being School Doctor.
Eye Clinic ...		Wednesdays, 9.30 a.m. to 12 Thursdays, 9.30 a.m. to 12 by appointment	
Dental Clinic...		Tuesdays, 9.30 a.m. (Extractions) Thursdays, 9.30 a.m. (Conservative Treatment) By appointment	
Tuberculosis ...	59 London Road	Mondays and Thursdays, 4 to 6 p.m.	The Dispensary is provided by the Essex C.C., the M.O.H. being Tuberculosis Officer.

INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Inspections.	Number of Written Notices.	Occupiers prosecuted.
Factories (including Factory Laundries)	28	2	—
Workshops (including Workshop Laundries)	37	—	—
Workplaces (other than Outworkers' premises) ...	59	16	—
Total	124	18	—

DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

Particulars.	Number of Defects Found.	Remedied.	Referred to H.M. Inspector.
Nuisances under the Public Health Acts :—*			
Want of cleanliness ...	7	7	—
Want of ventilation ...	—	—	—
Overcrowding	—	—	—
Want of drainage to floors	1	1	—
Other nuisances ...	11	11	—
Sanitary accommodation—			
insufficient	1	1	—
unsuitable or defective ...	—	—	—
not separate for sexes ...	—	—	—
Offences under the Factory and Workshop Acts :—			
Illegal occupation of underground bakehouse (s. 101)	—	—	—
Other offences (excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921)	—	—	—
Total ...	20	20	—

*Including those specified in sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

The above represent preliminary notices calling the attention of the person in fault to the matter. It has only been necessary to serve 4 Statutory notices before the work has been completed.

Smoke Abatement.

The importance of a pure atmosphere cannot be emphasised too strongly. From time to time complaints have been received not only of dense smoke, harmful in its limitation of sunlight, but also of offensive odours and in the dissemination of gritty particles, mention of which is made in other portions of this report. The Public Health Department is well aware of the nuisances that may arise, and the Council may be sure that careful watch is kept upon the various offending premises.

PREMISES AND OCCUPATIONS CONTROLLABLE BY BYE-LAWS AND REGULATIONS.

Bakehouses.

There are five bakehouses in the area. On the whole these are well conducted, although in at least one case the premises are very old and unsuitable.

Common Lodging Houses.

The one lodging house is kept in a fairly satisfactory condition.

Slaughterhouses.

There are two Registered and two Licensed Slaughterhouses in the area; a considerable amount of imported meat being consumed.

The Inspection of Meat and Carcases is at times difficult, and causes increased work to the Public Health Staff. Butchers occasionally kill at inconvenient hours, "Occasional Slaughter."

The provision of a Public Abattoir would improve these matters and give more efficient inspection.

Not the least important branch of Slaughterhouse administration is the method of killing. After some considerable experience of this branch of the Public Health Service I have still no hesitation in saying that in many districts animals are not killed but murdered. In the Grays Urban District I am happy to inform you that conditions are extremely good. All butchers, with one exception, use the humane killer for all purposes.

The subject of the slaughter of beasts for food is not a pleasant one, but it must and should be faced by the Authority concerned.

Those butchers who are averse from adopting humane methods assert that the meat from animals slaughtered by the mechanical killer suffers. This has been proved not to be the case quite conclusively, and it is hoped that during the coming year that use of the humane killer will be universal throughout the area.

Dairies, Cowsheds and Milkshops.

A considerable improvement has again been manifested in the condition of many of the smaller milkshops.

On the whole all are now in a satisfactory condition.

Offensive Trades.

There are no offensive trades in the district.

The question of making "fish frying" an offensive trade has been considered in a neighbouring Urban District. If nuisance is traceable to this occupation I should recommend a similar procedure.

Schools.

There are four Public Elementary Schools and one Intermediate School in the area.

During the month of October several cases of Diphtheria having arisen in Arthur Street School, one class was swabbed. Two positive results were discovered. (See under Infectious Diseases.)

When school children have been notified as suffering from Infectious Disease, contacts are dealt with as suggested in (Mem. on Closure of and Exclusion from School, 1925).

The control of infectious disease is considerably simplified by the fact that the Medical Officer of Health is also School Medical Inspector.

HOUSING.

General Housing Conditions in the area.

I. (a). The housing conditions in Grays are slowly improving as more houses are being built and occupied. The general housing conditions are fairly good, but it is impossible for any thinking individual to be completely satisfied with the conditions under which many of the populace of any large town are compelled to live.

(b). The Housing Estate of the Council is progressing. At the present time some ~~200~~ houses are built or building, and a further ~~100~~ houses are contemplated in the near future. 75

II. Overcrowding.

The estimation of overcrowding is a very difficult matter at the present time. At the close of the year 1924 it was considered that 117 houses at a conservative estimate were overcrowded. I am afraid that at the present time no reduction in this number can be presumed.

III. Fitness of Houses.

I. (a). The general standard of housing in the area is good. Certain localities such as East Street, Bond Street, and Trafalgar Square, are undoubtedly in a deplorable condition. In the former streets houses exist with no sinks or food stores, with no separate sanitary conveniences, and water laid on only in the yard. At the present time serious measures are being undertaken with regard to this area, and I hope that by the end of the current year a very considerable improvement will be manifested.

I. (b). The general causes of defects, other than those enumerated above, is as follows: dampness, defective roofs and gutterings, defective yard paving, as well as minor matters such as broken firebars and window fasteners.

I. (c). I feel that I cannot pass on to the next subject of my report without referring to certain obvious shortcomings upon the part of tenants.

We must remember that not only do we find bad landlords but that bad tenants also exist.

A frequent cause of complaint by my department is the subject of dust bins, and I cannot but think that until these essential articles are manufactured of cast iron and chained to the houses this trouble will continue.

The children of certain localities of the town have discovered that ashbin lids may be used very successfully as drums, and in late years as cricket stumps. Whilst I have known adults to utilise their services as Wireless earths.

The condition of backyards is in many cases deplorable; rubbish is frequently strewn about, and an attempt at poultry and rabbit farming on the intensive system leads to deplorable results.

The value of fresh eggs is undoubtedly well known, but any good that may occur from their consumption is completely done away with by the unhealthy condition under which the egg producers are kept.

II. General action taken as regards Unfit Houses under

(a). The Public Health Act (see detailed table).

(b). The Housing Acts (see detailed table).

III. Difficulties found in remedying unfitness—

(a). Undoubtedly the question of alternative accommodation still remains very pressing, and is dealt with at other stages of the present report.

(b). The fact that large blocks of houses, or even whole streets, belong to one owner leads to some retardation in the work of the Department. As far as possible in these cases property is dealt with systematically in blocks.

IV. Practically every house in the district is supplied with W.C. accommodation, with the exceptions mentioned above. I am glad to inform you that these exceptions are even now in hand by my department.

Bye-laws relating to Houses, to Houses Let in Lodgings, and to Tents, Vans and Sheds, etc.

Present Bye-laws appear satisfactory.

No Bye-laws relating to Houses Let in Lodgings are at present in force.

The question of tents and vans is always a difficult one, and I am becoming of the opinion that until such dwellings are licensed and dealt with in the same way as canal boats conditions will remain unsatisfactory.

HOUSING STATISTICS FOR THE YEAR 1925.

Number of New Houses erected during the year—

(a) Total (including number given in (b)) ...	50
(b) With State assistance under the Housing Acts—	
(I.) By Local Authority	10
(II.) By other persons	—

I. Unfit Dwelling Houses. Inspections.

(I.) Total number of houses inspected for housing defects under the Public Health Acts and Housing Acts	668
(II.) Number of dwelling houses which were inspected as recorded under the Housing (Inspection of District) Regulations, 1925	163
(III.) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ...	4
(IV.) Number of dwelling houses (exclusive of those referred to under preceeding sub-head) found not in all respects reasonably fit for human habitation	421

II. Remedy of Defects without service of Formal Notices.

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers	401

III. Actions under Statutory Powers.

A.—Proceedings under Section 3 of the Housing Act, 1925:

(i.) Number of dwelling houses in respect of which notices were served requiring repairs	46
(ii.) Number of dwelling houses which were rendered fit after service of formal notices—	
(a) By Owners	46
(b) By Local Authority in default of owners	—
(iii.) Number of dwelling houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	—

B.—Proceedings under Public Health Acts:

(i.) Number of dwelling houses in respect of which Notices were served requiring defects to be remedied	421
(ii.) Number of dwelling houses in which defects were remedied after service of formal notices:	
(a) By Owners	401
(b) By Local Authority in default of owners	—

C.—Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925 ... ... Nil.

INSPECTION AND SUPERVISION OF FOOD.

(a) **Milk Supply.**

There are no cowsheds within the area. Eight Milkshops and Dairies exist, which are periodically inspected by the M.O.H. and by the Sanitary Inspector. The supply of milk is on the whole of good quality, and no serious complaints have arisen. All milk supplied is thus brought into the area from surrounding districts. No remarks under the Dairies, Cowsheds and Milkshops Order are necessary. The condition of purity and supply is adequate at the present time.

(i.) The action taken as to Tuberculosis Milk is dealt with by the County M.O.H.

(ii.) One application under the Milk (Special Designation) Order, 1923, was received by the S.A., but subsequently withdrawn by the Vendor on the ground of lack of demand. This condition is unfortunate, and it is to the Public Health Department that one looks to improve the public outlook on this most important matter.

b) **Meat.**

(i) There are four Slaughterhouses in this district, and it is established that 75 per cent. of the meat receives inspection. Inspection at the time of slaughter is usual. I have pointed out at another stage of this report the large amount of imported meat consumed.

No arrangement for Meat Marking are in force at the present time.

Condemned meat is disposed of by the Public Health staff at the destructor.

During the year 1925 the following quantities of food were surrendered as unfit for human consumption:

Unsound Food surrendered, 1925.

Beef	523 lbs.
Sausage Meat	5 lbs.
Pork	416 lbs.
Rabbits	261
Liver	16 lbs.
Bacon	25¼ lbs.
Fish	364 lbs.
Crabs	35
Mackerel	100 lbs.
Sprats	1 barrel.

(ii.) There are two Market Stalls purveying fresh Meat, and two others, Hams, Bacon, etc. These are in accordance with the Meat Regulations. Roof, sides and back are provided, and they are frequently inspected by the Department.

With one exception the shops in the district are adequately provided with glass windows. It is hoped that the exception will be dealt with during the coming year.

	In 1920.	In Jan., 1925.	In Dec., 1925.
Registered ...	2	2	2
Licensed ...	2	2	2

(c) **Other Foods.**

The sanitary condition of Bakehouses is on the whole satisfactory. One bakehouse is a very ancient structure and requires improvement; this matter is even now in hand.

There are five Dining Rooms which are usually well kept and clean.

Other Food Stores receive constant attention.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE.

From the Spring of 1921 to the Autumn of 1925 Infectious Disease gave small cause for anxiety, such cases as occurred being limited in number and mild in character. In September, 1925, an outbreak of Diphtheria occurred, and over 50 cases were notified in the concluding months of the year. Happily most of the cases were of mild type, and the alert attitude of Local Practitioners secured early diagnosis and private treatment of the large majority.

Despite the efforts that were made to trace missed cases and to keep separate the contacts, unrecognised cases must have occurred. Thus a young man whilst undergoing laryngoscopic examination at the Tuberculosis Dispensary was found to have a patch of membrane in his larynx which yielded the bacillus of Diphtheria, although he believed himself to be convalescent from an attack of Bronchitis and gave no history of contact with the disease or of any sore throat.

In another case, a small boy was brought to the School Clinic because his mother noticed a change in his voice. Enquiry elicited the fact that two or three weeks previous to his visit he had been in bed for a fortnight for a sore throat of such a mild character that no doctor had been called in. Examination revealed a partial paralysis of the soft palate, and although no Diphtheria germs were found in nose or throat in all probability the condition was the sequel of a mild attack of the disease.

A number of Diphtheria carriers were discovered during investigation in the houses and schools, these were isolated but in the absence of virulence tests it is not possible to say what part they played in the epidemic.

It is now generally recognised that while most infants are susceptible to Diphtheria a considerable proportion of the children who have passed out of the infants' department have acquired so strong a resistence to the disease that they are immune from infection. The Schick test, by means of which we can determine whether a child is liable to contract the complaint or not, and the administration of an anti-toxin to

the susceptible, thereby rendering them also immune, is the weapon which Science has supplied for the successful combatting of Diphtheria. By the use of this method it is possible to confer this immunity from Diphtheria on the child population in general. Its adoption on the T.S. "Exmouth," where the constant ravages of Diphtheria were a constant source of anxiety, has been conspicuously successful. Since the Schick test was introduced among the ships company Diphtheria has been practically unknown except among boys who have recently joined the ship and who have not yet been submitted to treatment. Should Diphtheria assume grave proportions in Grays similar methods should, in my opinion, be adopted in the schools, nor do I think that the support of the parents would be lacking provided the principles of the treatment were carefully explained and its harmlessness demonstrated. The modern parent, despite limited education and restricted means, exhibits an eager desire to learn the lessons that Science has to teach and to profit by the new knowledge.

NOTIFIABLE DISEASES DURING THE YEAR.

Disease.	Total Cases Notified.	Cases Admitted to Hospital.	Total Deaths.
Small Pox	—	—	—
Scarlatina	51	--	1
Diphtheria	74	—	3
Enteric Fever	—	—	—
Puerperal Fever	1	1	--
Pneumonia	11	—	—
Other Diseases (Notifiable generally):			
Erysipelas	3	--	—
Poliomyelitis	2	2	—
Ophthalmia Neonatorum	1	1	—
Other Diseases (Notifiable locally) ...	—	--	—

Analysis of Total Cases at the following ages:

		CASES.										
		Total	Under 1	Under 2	Under 3	Under 4	Under 5	Under 10	Under 15	Under 20	Under 35	Under 45	Over 45
Scarlatina	...	51			1	3	6	23	13	3	2		
Diphtheria	...	74		1	2	2	4	30	27	4	2	2	
Enteric Fever	...	Nil											
Puerperal Fever	...	1									1		
Pneumonia	...	11						3	2		2	3	1
Erysipelas	...	3										2	1
Poliomyelitis													

TUBERCULOSIS.

New Cases and Mortality during 1925.

Age Periods		NEW CASES. Pulmonary M.	NEW CASES. Pulmonary F.	NEW CASES. Non-Pulmonary M.	NEW CASES. Non-Pulmonary F.	DEATHS. Pulmonary M.	DEATHS. Pulmonary F.	DEATHS. Non-Pulmonary M	DEATHS. Non-Pulmonary F.
Under 1	...	—	—	—	—	—	—	—	—
1—5	...			3	2	2			1
5—10	...		1						
10—15	...			1		1			
15—20	...	1	2	2	1	1		1	
20—25	...	1	2				1		
25—35	...	4	3			1	1		
35—45	...	1	3		2	1	1		
45—55	...	2				1			
55—65	...	3	1				1		
65 upwards	...					2			
Total	...	—	—	—	—	—	—	—	—
		12	12	6	5	9	4	1	1
		—	—	—	—	—	—	—	—

MATERNITY AND CHILD WELFARE.

The period under review witnessed the conception and birth of the new Welfare Centre. There is no need to record the long and arduous travail that preceded its arrival, but the town owes a debt of gratitude to the Chairman of the Maternity and Child Welfare Committee for a determination and enthusiasm that never flagged despite the many difficulties that had to be overcome and to the members of the Committee for their support. As the result of their efforts the town now possesses a Centre worthy of the purpose for which is was built.

I should like also to place on record the services of your Surveyor, who acted as Architect, and who, in his zeal for sound construction and satisfactory æsthetics, never lost sight of the purposes for which the building was designed—a rare virtue in an Architect.

The work of the Centre continues to prosper under the fostering care of Dr. Maude Bennett, who acts as Assistant Medical Officer in charge of the Clinic. Plans for extension of the work should include provision for an Ante Natal Clinic and a Dental Clinic. The urgent need of the latter was

dwelt upon in the last report. A modern Cato, who would punctuate every speech at the Public Health Committee with an emphatic declaration that whatever the matter under discussion, the children's teeth must be attended to, would fulfil a role as important as that of his prototype.

OPTHALMIA NEONATORUM.

Cases Notified	Treated Home	Treated Hospital	Vision Unimpaired	Vision Impaired	Total Blindness	Deaths
1	—	1	1	—	—	—